

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
District of Lower Miami
Town of Miami
or
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 159
County Registrar No. 87
Local Registrar No. 42

No. 92 Grover Canyon Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
2. Full name of child Hilaria Landabal (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth January 14, 1925
Month Day Year

8. FATHER Full name Piequinto Landabal 14. MOTHER Full maiden name Lolida Landabal

9. Residence (Usual place of abode) Lower Miami Ariz. 15. Residence (Usual place of abode) Lower Miami Arizona
If non-resident, give place and state. If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 82 (Years) 16. Color or race Mexican 17. Age at last birthday 25 (Years)

12. Birthplace (city or place) _____ (State or country) Mexico 18. Birthplace (city or place) _____ (State or country) Mexico

13. Occupation Miner 19. Occupation Housewife
Nature of Industry Copper mine Nature of Industry _____

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 2 P. m. on the date above stated
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature J. J. Truitt (Physician or midwife)
Address Miami, Arizona

Given name added from a supplemental report _____ Filed Feb 1 19 25 Nelson D. Brayton Local Registrar

Registrar _____ Filed 3/9 19 25 G. E. Wyllie County Registrar

823-114-523